CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 17.14
TITLE: CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) AND BILEVEL POSITIVE AIR PRESSURE (BiPAP®)

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY 32 CFR 199.4(d)(3)(ii)

I. EFFECTIVE DATE

March 7, 1985

II. PROCEDURE CODE(S)

HCPCS Level II Codes E0470-E0472, E0561, E0572, E0601

DESCRIPTION

A. CPAP as a non-invasive technique for introducing positive airway pressure into the oropharynx. It is delivered from a flow-generator through a nose mask to supply a pressure level sufficient to keep the upper airway patent.

B. BiPAP® is a non-invasive machine that assists with breathing by delivering air into the lungs through a flexible hose connected to a nose or mouth, or nose and mouth mask. The pressure during expiration may be adjusted separately from the pressure delivered during inspiration. Bilevel means that the pressure varies during each breath cycle.

III. POLICY

A. Nasal CPAP is authorized when considered medically necessary and appropriate. A certificate of medical necessity is required. CPAP is authorized for patients eight years of age or older (when the airway assumes adult/mature proportions) with moderate or severe obstructive sleep apnea syndrome (see Chapter 2, Section 28.1, *Obstructive Sleep Apnea Syndrome*), who has failed to obtain relief from other non-invasive therapies and for whom surgery would be the only other therapeutic alternative. Coverage for CPAP is allowed for beneficiaries diagnosed with respiratory conditions and multiple sclerosis (MS), which is causing restricted airway pressure into the oropharynx.

B. Coverage for BiPAP® is authorized when considered medically necessary and appropriate. A certificate of medical necessity is required. BiPAP®, to include other home mechanical ventilators is covered for:

1. Life-support long-term ventilation for chronic respiratory failure used both nighttime and daytime (often 16-24 hours per day).

2. Respiratory assist device, such as BiPAP® bilevel noninvasive nocturnal ventilation (usually used at least 4 hours, up to 8 hours, each night).

3. For nighttime use when documentation shows that the patient has a progressive neuromuscular disease, a severe thoracic cage abnormality, or respiratory failure, the following is required:

a. An arterial blood gas PaCO2, ≥45mm Hg, which is taken while awake and breathing the patient's usual F102, or

b. Sleep oximetry demonstrates oxygen saturation ≤ or equal to 88% for at least five continuous minutes done while breathing the patient's usual F102, or

c. For a progressive neuromuscular disease (only), maximal inspiratory pressure is < 60 cm H20 or forced vital capacity is < 50% predicted, and chronic obstructive pulmonary disease does not contribute significantly to the patient's pulmonary limitation.

IV. POLICY CONSIDERATIONS

For claims documentation and other information, refer to Chapter 2, Section 17.1, *Durable Medical Equipment*.

END OF POLICY